

MONTANA BOARD OF CHIROPRACTORS
301 S PARK – FOURTH FLOOR #428
P. O. Box 200513

Helena, Montana 59620-0513
(406) 841-2393 FAX (406) 841-2305

E-MAIL dlibsdchi@state.mt.us

WEBSITE: <http://www.discoveringmontana.com/dli/bsd>

APPLICATION FOR INTERN/PRECEPTORSHIP OR POST-GRADUATE PRECEPTORSHIP

FEE: \$25.00 FROM INTERN, \$25.00 FROM PRECEPTOR -- TOTAL \$50.00

NAME OF STUDENT INTERN _____

DOB _____ SOC. SEC. # _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE: DAY _____ EVENING _____ E-MAIL _____

NAME & ADDRESS OF CHIROPRACTIC COLLEGE YOU ARE ATTENDING:

1. ATTACH A LETTER FROM THE CHIROPRACTIC COLLEGE STATING YOUR DATE OF MATRICULATION AND EXPECTED DATE OF GRADUATION
2. HAVE CHIROPRACTIC COLLEGE SEND, DIRECTLY TO THE BOARD, A CERTIFIED COPY OF YOUR CURRENT TRANSCRIPT

3. ATTACH THE APPROPRIATE SIGNED FORM:

- AGREEMENT OF CONDITIONS FOR INTERNSHIP/PRECEPTORSHIP
- AGREEMENT OF CONDITIONS POST-GRADUATE PRECEPTORSHIP

4. DATES OF INTERNSHIP: FROM _____ TO _____

SUPERVISING PRECEPTOR _____ LICENSE # _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE OF STUDENT INTERN _____ DATE _____

SIGNATURE OF PRECEPTOR _____ LIC # _____ DATE _____